

FAHRENHEIT (°F) TEMPERATURE LOG

MONTH: _____

Days 1 – 15

REFRIGERATOR

Staff Initials																		
Time																		
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
°F Temp	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
≥49																		
48																		
47																		
46																		
45																		
44																		
43																		
42																		
41																		
40																		
39																		
38																		
37																		
36																		
35																		
34																		
33																		
32																		
31																		
30																		
29																		
≤28																		

FREEZER

≥-8																		
7																		
6																		
5																		
4																		
≤-3																		

Instructions: Place an "X" in the box that corresponds with the temperature (rows), day of the month, an am or pm (columns for your temperature check). Then enter your initials and the time you monitored the temperature in the boxes at the top of the chart.

If the temperature is in the gray range:

1. Store the vaccine under proper conditions as quickly as possible.

2. Call the Vermont Department of Health Immunization Program: 1-800-464-4343 (ext. 7638)

3. If you are unable to reach the Immunization Program contact the vaccine manufacturer for further assistance:

Merck: 1-800-637-2579

Aventis: 1-800-822-2463

Wyeth: 1-800-572-8221

GlaxoSmithKline: 1-800-877-1158

4. Document, date, and sign the corrective action taken.

Check Expiration dates of emergency medicines each month! Exp. Date: _____

FAHRENHEIT (°F) TEMPERATURE LOG

MONTH: _____

Days 16 – 31

REFRIGERATOR

[illegible]

FREEZER

[illegible]

Instructions: Place an "X" in the box that corresponds with the temperature (rows), day of the month, an am or pm (columns for your temperature check). Then enter your initials and the time you monitored the temperature in the boxes at the top of the chart.

If the temperature is in the gray range:

1. Store the vaccine under proper conditions as quickly as possible.
2. Call the Vermont Department of Health Immunization Program: 1- 800- 464-4343 ext. 7638.
- 3.If you are unable to reach the Immunization Program, call the vaccine manufacturer for further assistance:

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4. Document, date, and sign corrective action taken.